NOV 4 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 39083
Registered No. 10112

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 3030 New Ashland St. ..... Ward)

2. FULL NAME Jennie Hawkins

(a) Residence, No. 3030 New Ashland Avenue St., 1D Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Hawkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1st, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Carrollton, (STATE OR COUNTRY) Missouri

FATHER

13. NAME (Unknown) Waddle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Robert Stevenson
(ADDRESS) 3030 New Ashland Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vienna, Mo. DATE Oct. 8th, 19 36

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED OCT 5 1936 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6th, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1936, to October 6th, 1936
I last saw her alive on Oct 5th, 19 36 Death is said to have occurred on the date stated above, at 5 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Arteria Sclerosis	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? Auscultation Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....

(Signed) A. Geltinger, M. D.
(Address) 2745 N. Grand.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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